

Appendix B

Follow-up questionnaire

1. Medical background questions

- a. Have you undergone an operation, keyhole surgery or endoscopic examination in the past 4 months?
 - i. Yes
 - ii. No
- b. Have you ever had a blood transfusion, tissue or organ transplant?
 - i. Yes
 - ii. No
- c. (only if 1b = yes): In which country was that? (drop-down list)
- d. Have you used drugs in the past 12 months?
 - i. Yes
 - ii. No
 - iii. Prefer not to say
- e. (only if 1d = yes): Which drugs have you used in the past 12 months? You can select multiple answers.
 - i. Cannabis (weed, marijuana)
 - ii. Cocaine
 - iii. Amphetamines/speed
 - iv. Ecstasy/MDMA
 - v. LSD/Acids
 - vi. Heroin
 - vii. Methadone
 - viii. Morphine plaster
 - ix. Poppers
 - x. Other, namely: (text box)

2. Demographic background questions

- a. What is the highest level of education you have completed? If you are currently following a course, you may choose that level.
 - i. None
 - ii. Elementary education (primary school)
 - iii. Lower secondary education (first 3 years completed)
 - iv. Upper secondary education (6 years completed)

- v. Higher education (bachelor, graduate, candidacy)
- vi. University education (master, licentiate, postgraduate)
- vii. Master after master
- viii. Doctorate

b. Which of these situations currently best describes your current work situation? You can select multiple answers.

- i. At work (or temporary leave status)
- ii. Unemployed/in search of employment
- iii. Long term illness/disabled
- iv. Independent/entrepreneur
- v. Retired (including early and pre-retirement)
- vi. Responsible for everyday shopping and taking care of the household
- vii. Student
- viii. Other, namely: (text box)

c. Who do you always or usually live with? You can select multiple answers.

- i. No one
- ii. Partner(s)
- iii. Child(ren)
- iv. Parent(s)
- v. Other family member(s)
- vi. Friend(s)
- vii. Other, namely: (text box)

d. What is your current relationship status? Mark each appropriate answer.

- i. Single
- ii. I have a partner but I don't live with them
- iii. I have a partner and I live with them or am married
- iv. I am divorced and not in a new relationship
- v. I am divorced and in a new relationship
- vi. I am a widow(er)
- vii. I have multiple partners
- viii. Other, namely: (text box)

e. A household can have several sources of income, and more than one member of the family can contribute. When you think about all the sources of income your household has, how easy or difficult is it for your household to make ends meet?

- i. very easy
- ii. easy
- iii. fairly easy
- iv. with a little effort
- v. difficult
- vi. very difficult

- f. We would like to know who you are currently sexually/romantically attracted to. I am attracted to... (Check everything that applies to you).
- i. (Cisgender) men
 - ii. (Cisgender) women
 - iii. Transgender and/or non-binary persons
 - iv. No one
 - v. I don't care about gender
 - vi. I don't know
 - vii. Other, namely: (text box)
- g. How would you currently describe your sexual orientation?
- i. Heterosexual
 - ii. Homosexual
 - iii. Lesbian
 - iv. Bi(+)
 - v. Asexual
 - vi. Pansexual
 - vii. Other, namely: (text box)
- h. Are you currently living according to your perceived gender identity?
- i. Always
 - ii. Almost always
 - iii. Occasionally
 - iv. Never
- i. (if **2h = never or occasionally**): Do you plan to do this or more in the future?
- i. yes
 - ii. no
 - iii. not sure yet
- j. Have you had your gender registration adjusted on your identity documents/birth certificate?
- i. Yes
 - ii. No
- k. (if **2y = no**) Is there a reason why you haven't done this (yet)? You can indicate everything that applies to you.
- i. I don't want to.
 - ii. I am satisfied with my current gender registration.
 - iii. I don't think this is necessary.
 - iv. I want to do this in the future.
 - v. I don't know if I can do this.
 - vi. I find the procedure too difficult or too expensive.
 - vii. My application has been declined.
 - viii. The gender designation with which I wish to identify myself is (currently) not an option in the law.

- ix. Other, namely: (text box)
- l. Do you currently use hormones (such as testosterone and oestrogen) to confirm your gender identity?
- i. yes
 - ii. no, but I used to
 - iii. No, no need for that
 - iv. No, but I would like to do this in the future
 - v. I don't know
- m. (only if **2l = yes**): Is your current hormone use medically monitored and checked?
- i. yes, by an endocrinologist
 - ii. yes, by a general practitioner
 - iii. no
 - iv. Other, namely: (text box)
- n. (only if **2l = ii: no, but used to be**): Was this hormone use medically monitored and checked when you took hormones?
- i. yes, by an endocrinologist
 - ii. yes, by a general practitioner
 - iii. no
 - iv. other, namely: (insert box)
- o. Have you ever had your body changed through a gender-affirming surgical procedure? By 'gender confirming surgery' we mean here all procedures that were part of your (medical) transition.
- i. No, no need
 - ii. No, but I would like to do this in the future
 - iii. No, and I don't know if I want to.
 - iv. Yes, one operation
 - v. Yes, one to multiple operations
- p. (only if **2o = iv and v**): Which of the following gender-affirming surgical procedures have you already had?
- i. facial surgery
 - ii. breast removal
 - iii. breast augmentation
 - iv. vaginoplasty
 - v. metoidioplasty
 - vi. phalloplasty
 - vii. removal of uterus and/or ovaries
 - viii. removal of testes
 - ix. Other, namely: (text box)

3. Solo sex

- a. Have you ever masturbated yourself?
 - i. Yes
 - ii. No
 - iii. Prefer not to say
- b. (only if **3a = yes**): How old were you when you first masturbated? (list of numbers/ages + option at the top 'Don't remember').
- c. (only if **3a = no**): Can you indicate for what reason you have never masturbated yourself? You can select multiple answers.
 - i. No need
 - ii. Because I experience discomfort with my genitals
 - iii. Due to physical health reasons
 - iv. I don't know how to satisfy myself
 - v. I don't find masturbating exciting
 - vi. No time for this.
 - vii. Other, namely: (text box)
- d. Has anyone ever masturbated you?
 - i. Yes
 - ii. No
 - iii. Prefer not to say
- e. (only if **3d = yes**): How old were you when someone first masturbated you? (list of numbers/ages + option at the top 'Don't remember').
- f. (only if **3d = no**): Can you indicate for what reason no one has ever masturbated you? You can select multiple answers.
 - i. No need
 - ii. Because I experience discomfort with my genitals
 - iii. Due to physical health reasons
 - iv. Others don't know how to satisfy me
 - v. Others have no respect for my body
 - vi. I don't find being masturbated arousing
 - vii. No time for this.
 - viii. Other, namely: (text box)

4. Sexual contacts

- a. Have you ever had sexual contact with someone else? By 'sexual contact', we mean here all kinds of lovemaking involving genital contact, i.e. touching someone else's genitals, whether orally, vaginally or anally.
 - i. Yes
 - ii. No

- b. (only if **4a = yes**): How old were you when you first had sexual contact with someone else?
(dropdown list with ages/numbers)
- c. (only if **4a = yes**): Have you had sexual contact with someone else in the past six months?
- i. Yes
 - ii. No
- d. (only if **4c = yes**): How often did you have sexual contact with someone else in the past six months?
- i. Once in the last six months
 - ii. About once a month
 - iii. Few times a month
 - iv. About once a week
 - v. Several times a week
 - vi. On a daily basis
- e. (only if **4a = yes**): Did you use your genitals during this sexual contact?
- i. Yes and I enjoy it as well
 - ii. Yes, but I don't enjoy it
 - iii. People may sometimes touch it
 - iv. People may never touch it
 - v. Other, namely: (text box)
- f. (only if **4a = yes**): Do you currently have (a) steady sexual partner(s)?
- i. Yes
 - ii. No
- g. How satisfied or dissatisfied are you currently with your sex life over the past six months?
- i. Very satisfied
 - ii. Satisfied
 - iii. Neutral
 - iv. Dissatisfied
 - v. Very dissatisfied
- h. (only if **4g = v: very dissatisfied**): You answered 'Very dissatisfied' to the previous question. Can you clarify this? (Open answer)
- i. How satisfied or dissatisfied are you with the number of times you've had sex in the past six months?
- i. Very satisfied
 - ii. Satisfied
 - iii. Neutral
 - iv. Dissatisfied
 - v. Very dissatisfied

- j. In the past six months, have you ever been bothered by the following situations?

- i. Don't feel like engaging in sexual activities
- ii. Difficulty getting excited or staying excited
- iii. Not cumming
- iv. Cumming too soon
- v. Pain during sex
- vi. None of the above
- vii. Other, namely: (text box)

- k. What is important or less important to you in sexual contact or in (a) sexual relationship(s)?

	Not at all important	Not important	Neutral	Important	Very important	Not applicable/I don't know
That I can talk about sex and my desires	O	O	O	O	O	O
That I am interested in sex on the same level as my partner(s)	O	O	O	O	O	O
That we decide as equals about how, where and when we have sex	O	O	O	O	O	O
That my gender identity is respected	O	O	O	O	O	O
That my body is respected	O	O	O	O	O	O
That we protect ourselves against sexually transmitted infections (STIs)	O	O	O	O	O	O
That we are regularly tested for sexually transmitted diseases	O	O	O	O	O	O
That we protect ourselves with contraceptives if we don't want to get pregnant/have children	O	O	O	O	O	O

- I. (only if **4a = yes**): Thinking about the last time you had sexual contact, do you agree or disagree with the following statements?

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	I don't know/I'd rather not say
I had sex the way I wanted	O	O	O	O	O	O
I had consensual sex	O	O	O	O	O	O
I felt that my body was accepted during sex	O	O	O	O	O	O
I felt that my boundaries were respected during sex	O	O	O	O	O	O
I felt I could suggest and use a condom if I wanted to	O	O	O	O	O	O

I had sex in a safe place where I felt safe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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- m. (only if 4a = yes): Which of the following sexual acts did you perform the last time you had sex with someone else? You can indicate all the options that apply to you.
- i. Stroking, jerking, fingering
 - ii. Oral sex (blowjob, pussy eating, ...)
 - iii. Dry sex (clothed sex that involves rubbing the genitals against the body or genitals of the other person)
 - iv. Vaginal sex: penetration with (neo-)penis
 - v. Vaginal sex: device/sex toy penetration
 - vi. Anal sex: penetration with (neo-)penis
 - vii. Anal sex: penetration with tool/sex toy
 - viii. Other, namely: (text box)
- n. Do you ever avoid sexual contact with someone else because of an uneasy feeling towards your own body?
- i. Never
 - ii. sometimes
 - iii. Several times
 - iv. almost always
 - v. always
- o. (only if **4n = ii, iii, iv or v**): Can you indicate which parts of your own body you feel uncomfortable with, so that you sometimes avoid sexual contact? You can select multiple answers.
- i. Head hair
 - ii. Facial hair
 - iii. Body hair
 - iv. Nose
 - v. Chin
 - vi. Ears
 - vii. Mouth/lips
 - viii. Voice
 - ix. Shoulder(s)
 - x. Chest area
 - xi. Stomach
 - xii. Hips
 - xiii. Glutes
 - xiv. Calves
 - xv. Arms
 - xvi. Hands
 - xvii. Penis
 - xviii. Balls/testicles

- xix. Vagina
- xx. Clitoris
- xxi. Body weight
- xxii. Body height
- xxiii. Muscles
- xxiv. Feet
- xxv. Other, namely:

- p. (only if 4a= yes): Can you indicate how often you agree with the statements below or how often you think the statements would be correct for you?

	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree	Prefer not to say/Not applicable
The first time I have sex with a new partner, I (would) be concerned that my partner will be put off by seeing my body without clothes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The idea of having sex without any covering on my body makes me anxious.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The worst thing about having sex is being completely naked in front of another person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
During sex it is (would be) hard not to think about how unattractive my body is.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I (could) only feel comfortable enough to have sex when it was dark so that my partner couldn't see my body clearly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Protected sex

- a. (only if 4a = yes): Which of the following forms of protection did you use during your most recent sexual contact with someone else? Multiple answers are possible.
- i. None
 - ii. Birth control pill
 - iii. The mini pill
 - iv. The contraceptive pill
 - v. The plaster (Evra)
 - vi. The vaginal ring (Nuvaring)
 - vii. A hormone IUD
 - viii. Condom for people with a penis
 - ix. Condom for people with vagina
 - x. Diaphragm (rubber dome)
 - xi. Periodic abstinence or other 'rhythm' methods: no sex during fertile period
 - xii. Coitus interruptus: withdrawing penis before ejaculation
 - xiii. Other, namely: (text box)

- b. (only if **5a= none**): You did not use any contraceptive during your most recent sexual contact, what is the reason for that? You can select multiple answers.
- i. I don't know how to use a contraceptive
 - ii. I don't like it.
 - iii. I have a steady partner
 - iv. I had no sexual contact that could make me pregnant
 - v. I only had sexual contact with someone I was sure didn't have STIs or HIV
 - vi. I am infertile or less fertile
 - vii. I want to get pregnant or I'm pregnant
 - viii. Contraceptives are too expensive
 - ix. My sexual partner(s) is infertile or of reduced fertility
 - x. My partner(s) uses a contraceptive method
 - xi. It is the job of my partner(s) to protect themselves
 - xii. My partner(s) does not want us to use contraceptives
 - xiii. The use of contraceptives is not accepted in my culture
 - xiv. Other, namely:
- c. (only if **not** indicated at **5a viii** (condom)): You did not use a condom during your most recent sexual contact, what is the reason for this? You can select multiple answers.
- i. I find it difficult to use condoms correctly
 - ii. Condoms are not comfortable
 - iii. Condoms are not adapted to my body and needs
 - iv. Condoms ruin the atmosphere
 - v. Other, namely:

6. Alcohol and drug use during sex

- a. (only if **4c = yes**): Have you consumed alcohol during your sexual contact(s) in the past 6 months?
- i. yes
 - ii. no
 - iii. I don't know
 - iv. I'd rather not say
- b. (only if **4c = yes**): Have you consumed alcohol during your sexual contact(s) in the past 6 months?
- i. yes
 - ii. no
 - iii. I don't know
 - iv. I'd rather not say
- c. (only if **6b = yes**): Which drugs have you used during sexual contact in the past 6 months? You can select multiple answers.
- i. Cannabis (weed/marijuana)

- ii. Cocaine
- iii. Amphetamines/speed
- iv. Ecstasy/MDMA
- v. LSD/Acids
- vi. Heroin
- vii. Methadone
- viii. Morphine plaster
- ix. Poppers
- x. Other, namely: (text box)

7. Sex work

a. Have you ever done sex work? By 'sex work' we mean whether you have engaged in sex for payment or in exchange for goods.

- i. Yes
- ii. No
- iii. Prefer not to say

b. (only if **7a = yes**): Have you done sex work in the last 6 months?

- i. no
- ii. one time
- iii. about once a month
- iv. two to three times a month
- v. weekly
- vi. daily

f. (only if **7a=yes**): What kind of sex work have you done in the last 6 months?

- i. Window prostitution
- ii. Bar prostitution
- iii. Escort
- iv. Webcam sex
- v. Street prostitution/soliciting
- vi. Private reception (at home)
- vii. Pornography
- viii. Other, namely:

g. (if **7a = yes**): What are or were the main reasons for you to do sex work? Please indicate all answers that apply to you.

- i. Out of financial necessity (lack of food)
- ii. In exchange for goods (e.g. mobile phone)
- iii. In exchange for narcotics (drugs)
- iv. In exchange for hormonal preparations
- v. To save for surgery
- vi. Because I prefer sex work over other work
- vii. Because my gender identity/gender role is confirmed in sex work

- viii. Due to no access to the regular labour market (e.g. due to status)
- ix. Because of the social support from other sex workers
- x. Because it's fun to offer sex
- xi. I am/was forced to do this
- xii. I am accepted for who I am as a sex worker
- xiii. Other, namely:

h. (if **7a = yes**): How often have you used condoms during sex work in the past 6 months?

- i. always
- ii. often
- iii. sometimes
- iv. rarely
- v. never

i. (if **7a = yes**): What does/does condom use depend on/not depend on?

- xi. the client
- xii. the pay
- xiii. the action
- xiv. other, namely:

8. Information and needs

a. Have you ever been given information about sexual health, sexually transmitted infections (STIs) and HIV? You can select multiple answers.

- i. Yes, through sex education at school
- ii. Yes, through a healthcare provider
- iii. Yes, through an LGBTQI+ organization (holebi and/or transgender organization)
- iv. Yes, via the internet
- v. Yes, I asked friends/acquaintances for information
- vi. No, I don't need this
- vii. No, but I would like more information

b. Do you feel that the information you now have is applicable or useful to your gender identity and body?

- i. Yes
- ii. No

c. Can you explain a bit more about this? (Open question)

d. What would you like more information about? You can indicate different options.

- i. How to flirt or date someone
- ii. Different methods to have safe sexual contact
- iii. How HIV is transmitted
- iv. How other sexually transmitted infections (STIs) are transmitted
- v. The current situation for people with HIV
- vi. How to talk/communicate about sex with your partner(s)

- vii. How to talk about contraception and/or condom use with your sex partner(s)
- viii. How to prevent unwanted pregnancy
- ix. How to find someone to have a sexual relationship with
- x. How to make a sexual relationship work well
- xi. Other, namely:

9. Closing and contact

- a. Is there anything you would like to say about this questionnaire? (open question, sufficient space provided)
- b. May we contact you for a possible follow-up study?
 - i. yes
 - ii. no
- c. Would you like to be kept informed of the results of this survey by email?
 - i. yes
 - ii. no

Thank you for your participation! You can follow the progress of the study via <https://transgenderinfo.be/l/test-and-tell>